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NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

HYDROGEN DIOXIDE TAMPONS FOR EPISTAXIS.—*The New York Medical Journal* says: Lemoyez (*Le Scalpel*, through *Lyon médical*), reported an obstinate case of epistaxis, which had resisted hot irrigations, and ferric chloride, but which had ceased promptly after the introduction into the nostril of tampons of absorbent cotton moistened with hydrogen dioxide. They were renewed three times and the bleeding stopped in ten minutes. The bactericidal effect is important, as well as the hæmodynamic.

A NEW METHOD OF ARTIFICIAL RESPIRATION.—*The New York Medical Journal* in an editorial says: At the Seventh International Physiological Congress, Professor E. A. Schaefer, of Edinburgh, demonstrated his new method of performing artificial respiration in man, which appears to be better than the older methods that are ordinarily practised. In this procedure, which is especially valuable in the resuscitation of the apparently drowned, the person, on removal from the water, is instantly laid prone (face downwards) on the ground, the head being allowed to fall downward and somewhat sideways, with the tongue naturally protruding partly from the mouth. No manipulation of the tongue is necessary. The operator kneels by the side of or across the hips of the patient, places his hands flat upon the back over the lowest ribs, and with the weight of the body presses firmly and gradually so as to expel the contents of the lungs. On his relaxing the pressure, which he does by swinging his body slowly up without removing the hands, the chest of the patient resumes its former dimensions and fresh air is thereby drawn into the lungs. These movements of pressure and release are repeated about every five seconds, not oftener. The amount of air which in this way can be expelled by pressure from the chest and reintroduced by the elasticity of its parietes is never less than 500 c.c. and may attain 1,000 c.c. or more with each respiration. By repeating the movements twelve times a minute an air exchange of from 6,000 to 12,000 c.c. can readily

be effected, which is more than enough to constitute efficient respiration. The method has already been tested with success in cases of drowning, and those who saw the demonstrations made by Professor Schaefer on the passive living subject were impressed with its simplicity and its efficiency. It should be preferred to all other methods in attempting the resuscitation of drowned persons, and should be given a prominent place in courses of ambulance and first aid instruction.

DIPHThERIA ANTITOXIN IN HAY FEVER AND ASTHMA.—*The Interstate Medical Journal* has the following: Reuter (*Proceedings of the Oregon State Medical Association*).—The author used antitoxin in sixty cases of hay fever and asthma in repeated doses of 2,000 to 3,000 units. Fifty-one patients were cured; fifteen cases caused by diseases of the heart, kidney or liver, and tuberculosis, were not benefited; four other cases were only temporarily relieved. Smith used antitoxin in several cases and believed that 60 per cent. of asthmatics can be benefited. He believes that when failure occurs with this treatment it is due to emphysema and other destructive processes of the lung. Gillespie reports good results in two cases. Pierce used it in twelve cases with more or less success. He thought most relief was gained in neurotic cases of asthma with anemia.

THE ODOR OF IODOFORM.—*The Practical Druggist* makes this suggestion: To remove the odor of iodoform from the hands, mortars, etc., rub a small quantity of tannic acid on the object to be deodorized. Wash well, and the odor will immediately disappear.

INGUINAL TEMPERATURE IN INFANTS.—Dr. Albert H. Parks (*Journal of the American Medical Association*) has made a careful study of methods and reliability, and finds that if the thermometer be left *in situ* seven minutes:

a. The normal temperature of the closed inguinal fold of a child is 98.52 F. (37.5 C.).

b. The variation of the inguinal temperature from the rectal temperature approximates one-third of a degree F. or two-fifths of a degree C., the average variation being .34 F. (.18 C.). That is, the inguinal temperature is approximately one-third of a degree F. (two-fifths C.) below rectal temperature.

c. The usual variation between the temperature of the rectum and groin is so small as to be practically disregarded for clinical purposes.

d. The absence of many objectionable features of the rectal method and the ease and reliability of the groin method gives the latter several points of advantage over the rectal method. These advantages of the groin method would recommend it not only as applicable in hospital practice in pediatrics, but more especially in home practice among children.

THE TEMPERATURE OF NURSLINGS.—*The Interstate Medical Journal* says: Nobecourt and Merklen (*Rev. Mens des Mal de L'Enf.*) have studied a series of cases to determine the normal temperature curve in nurslings. They find that the infant does not present the line of variation commonly seen in the adult, even in health. The infant has a monothermal temperature, with little variation in the morning and evening. This monothermal temperature is constantly found in normal infants at least up to the fifth month in life. Interference with this regular line betokens always a pathological condition.

FATAL DIPHTHERIA.—*The New York Medical Journal*, in a synopsis of a paper in *The Lancet*, says: Harris has observed that in certain forms of diphtheria a fatal ending can with certainty be predicted. The symptoms presented by these cases are as follows: 1. A grayish color of the face, which also presents an anxious expression. 2. Vomiting, which is independent of food and unaccompanied by nausea, being like cerebral vomiting. 3. Abdominal pain, referred to the umbilicus, nearly always present, and sometimes very severe. But there is no abdominal tenderness. 4. Albuminuria is generally present, and often to a high degree (from one-sixth to one-quarter). There are no tube cases. 5. Suppression of urine is the rule. 6. Alteration in the rhythm of the heart sounds appears after the vomiting has set in. One sound is reduplicated, thus giving the gallop rhythm. The patients are generally very restless and consciousness is maintained until the end. The membrane in the throat is very dark colored and the smell of the breath is most offensive. The writer has seen eight such cases in the last two years, all proving fatal. Antitoxine had not the slightest effect on these cases, 6,000 units being the usual dose. Smears from the throat show large numbers of streptococci and staphylococci associated with diphtheria bacilli. To explain the failure of antitoxine, it is suggested that there may be more

than one kind of diphtheria bacillus, each producing a specific toxine which requires a special antitoxine.

THE SURGICAL TREATMENT OF TYPHOID PERFORATIONS.—Dr. Joseph Price, of Philadelphia, at a meeting of the American Association of Obstetricians and Gynecologists, said that nearly all the perforations of the bowel were within about the first twelve inches of the ileum. Typhoid and other perforations were always followed by peritonitis, local or general. The possibility of its remaining local or circumscribed by adhesions should not be considered if the diagnosis of perforation had been made. In more than seventy-five per cent. of the cases recorded general septic peritonitis had been found, with escaping bowel contents, gas and fæces, foul pus, and free exudate in considerable quantity. Generally the perforations were easily and quickly found near the ilio-cæcal valve; they were rarely multiple or ragged, and whether they were of large or small calibre, fine pure silk was the safest material with which to close them. A resection of the bowel was an unjustifiable and dangerous procedure. Successful operations on typhoid patients had been done in the midst of low, alarming abdominal conditions, muttering delirium, and subsultus.

SEPARATE NURSING AND ISOLATION IN TYPHOID FEVER.—E. P. Joslin and C. L. Overlander, writing in *The Boston Medical and Surgical Journal*, believe the time has come when typhoid patients should be treated in separate wards in our hospitals, with their own attendants, who should not mingle with other patients. They note that the present method of mixing them with other diseases leads to a spread of the infection, quoting Schuder to the effect that three and three-tenths per cent. of all typhoids are the result of hospital infection. Nurses frequently contract the disease. Statistics collected from six Boston institutions over a period of four years and embracing nearly 3,000 cases of typhoid show that for every 114 cases treated one nurse came down with the disease. They declare that, considering the dangers nurses now run, under no circumstances should a "probationer" ever come in contact with a typhoid case. Typhoid nurses should not be overworked and the greatest pains should be paid to the health of night attendants. In all the American hospitals there are enough fever cases to insure the proper training of nurses. They deny that it is in any respect harder to care for several typhoids at once than for both typhoids and non-typhoids. On the contrary, it is far simpler to do strictly typhoid or

non-typhoid nursing. The typhoid utensils will all be found in one place, supplies will be made and procured in bulk and thus many duplicate steps saved. The concentration plan of nursing typhoids should easily lessen by one-half the number of days of a nurse's exposure to the disease. Separate nursing eliminates the chief danger to which other patients are exposed, as the "go-betweens" are eliminated. A given case may harm a fellow-typhoid from proximity, but the danger is far less than that of giving the disease to a neighbor weakened by some other malady. Isolation of typhoids was made compulsory in Germany two years ago. The knowledge of a nurse that she is detailed for strictly typhoid duty leads her to be far more careful as to precautions for her own protection.

TREATMENT OF HEADACHE.—*Annals of Gynecology and Pediatrics* says, quoting from *The Therapeutic Gazette*: In that type of headache which depends for its existence chiefly upon nervous exhaustion, rest in bed with massage, the administration of tonics, and the support of a tired heart by small doses of digitalis are usually advantageous. In many of these patients as soon as they become strong enough to react, hydrotherapeutic measures are exceedingly advantageous. In the early stages if there is cerebral congestion, a general hot pack, and an ice-bag applied to the head, may be useful. Afterward a cold drip-sheet may be thrown around the patient for a moment.

THE TRANSMISSION AND CURE OF CANCER.—In a paper on this subject, read at a meeting of the Medical Association of the Greater City of New York, Dr. William Seaman Bainbridge made a vigorous protest against the idea, which, he said, seemed to be rapidly gaining ground, that cancer was an infectious disease, readily capable of transmission. So prevalent was this opinion in the community that he had known of a number of instances in which nurses had flatly refused to take charge of cancer cases, on account of the supposed danger to themselves. For this condition of affairs the men of the Buffalo school were largely responsible. He regarded it as most unfortunate, and thought it was the duty of the medical profession to endeavor in every way to check this unnecessary alarm. Up to the present time there had been no proof whatever advanced of the transmissibility of the disease, and the promulgation of such a doctrine could not but be attended with much evil. As to the curability of cancer, the facts were constantly accumulating to show that with an early and radical operation the chances were excellent for the future health of the patient.

CONSISTENCY IN ASEPTIC SURGICAL TREATMENT.—At a meeting of the American Association of Obstetricians and Gynecologists, Dr. James E. Sadler, of Poughkeepsie, N. Y., said that operators of equal ability and surgical technique had widely different mortality rates, and asked the question whether at least a portion of this difference might not be due to consistent asepsis on the one hand and inconsistent asepsis on the other.

FOR A KOCH INSTITUTE.—*The Medical Record* says: A committee has been formed in Germany, with the Prussian Minister of State as chairman, for the purpose of collecting funds to found an institution in honor of Dr. Robert Koch, on a plan similar to that of the Pasteur Institute in Paris and the Lister Institute in London. It is intended that the institution shall be devoted to research into the means of checking the diffusion of tuberculosis, and that it shall be a permanent memorial of the discovery of the tubercle bacillus by Professor Koch twenty-five years ago.



“ For unto the faithful soul
Every morn is Christmas morn,
In his soul we may be sure
Day by day the Lord is born.”